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## BIB DATA SHEET

CONFIRMATION NO. 2365

<b>SERIAL NUMBER</b> 10/567,871	<b>FILING or 371(c) DATE</b> 02/09/2006 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 15892.15	
<b>APPLICANTS</b> Iden Mossanen-Shams, Uxbridge, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB04/03472 08/10/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0318935.4 08/13/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 08/27/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /NAVIN Acknowledged NATNITHITHADHA/ Examiner's Signature	<input checked="" type="checkbox"/> Met after Allowance /NN/ Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Workman Nydegger 1000 Eagle Gate Tower 60 East South Temple Salt Lake City, UT 84111 UNITED STATES					
<b>TITLE</b> Pulmonary evaluation device					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		